

**2016 Cost Share Application USDA National Organic Program**

Only costs **paid** or incurred **between October 1, 2015 - September 30, 2016** qualify for this 2016 application. Applicant's operations must be located in Montana.

The SSN or TIN number MUST correspond with the person or business named to whom payment will be issued.

Name		Business Name	
Mailing Address			
City		State	Zip Code
Primary Phone No.	Alternate Phone No.		Email

Producer Certification Costs (if applicable) Crops Livestock Certifying Agency:

Annual certification fee:*	Paid: \$	\$	Date Paid:
Annual inspection fee:*	Paid: \$	\$	Inspection Date: Date Paid:
Fee on organic sales:**	Paid: \$	\$	Date Paid:
Total certification costs:	Total Paid:\$		

Handler Certification Costs (if applicable) Certifying Agency:

Annual certification fee:*	Paid: \$	Date Paid:
Annual inspection fee:*	Paid: \$	Inspection Date: Date Paid:
Fee on organic sales:**	Paid: \$	Date Paid:
Total certification costs:	Total Paid: \$	

*If your certifier includes a base inspection fee as part of the application fee, include that base amount in the application line, and only use the inspection cost line for additional inspection costs. Only costs of NOP Certification can be included.

International, Biodynamic Standards, Membership, or late Fees Do Not Qualify.

- ✓ I have attached a completed federal **IRS W-9** form to verify the TIN or SSN# of the recipient of the cost share payment.
- ✓ I have attached invoices or receipts itemizing the costs listed above (including check numbers and dates paid). If you are certified by the Montana Department of Agriculture you do not need to supply receipts.
- ✓ I have attached a proof of organic certification during the qualifying period for the operation(s) included in this application (organic certificate or letter of certification).

I, the undersigned, state that the information contained in this application is true to the best of my knowledge. Further, I understand that my cost share payment will be no more than 75% of my total qualifying certification costs up to a maximum of \$750 for each category of certification (handler, crop, livestock, or wild crop) for a maximum \$3,000 if applying for all categories. Payments may be limited by the availability of federal program funds and served on a first come, first serve basis.

Signature of Applicant: _____ **Date:** _____

For Department Use Only:

Date Received: _____ Vendor ID# _____ Total Payment _____

Total Qualifying Crop Producer: \$ _____ x.75= _____ or Max \$750

Total Qualifying Livestock Producer: \$ _____ x.75= _____ or Max \$750

Total Qualifying Handler: \$ _____ x.75= _____ or Max \$750

Program Manager Approved: _____ Date: _____ Bureau Chief Approval: _____ Date: _____

SEND COMPLETED APPLICATIONS BY THE DEADLINE OCTOBER 31, 2016 to:

MTDA/Organic Program, PO Box 200201, Helena, MT 59620-0201

Phone (406) 444-7804; FAX (406)444-7336 Email: agrorganic@mt.gov